

| POSITION                  | INITIALS   | ID NO. | DATE    |
|---------------------------|------------|--------|---------|
| FEE DETERMINATION         |            |        |         |
| O.I.P.E. CLASSIFIER       |            | 6      | 8-21-01 |
| FORMALITY REVIEW          |            |        |         |
| RESPONSE FORMALITY REVIEW | (initials) |        | 9-10-01 |
|                           |            |        |         |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original | 6/22/01 |
| 1 ✓      |         |
| 2 ✓      |         |
| 3 ✓      |         |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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